- MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SEDICCOD	FILI
APPLICANTUS	

FILING DATE

WI CICANI(S)

CLAIM:	Ç

ļ						(
	AS FILED		AFTER 1"AMENDMENT			AFTER 2 "AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
3							
4				<u> </u>	 	ļ	
5					 		
6					 		
7					 		
8							
9							
10							
11							
12							
13 14							
15							
16					· .		
17							
18							
19							
20							
21							
22							
23							
24							
25 26							
27							
28							
29			+				
30							
31						-	
32							
33							
34							
35 36							
37							
38							
39							
40							
41							
42							
43	-						
44							
45					}		
47			 		 		
48							
49							
50							
TOTAL IND.		1		4		*	
TOTAL DEP		(2)		♦ □		*	
TOTAL CLAIMS	Ŝ			30	Į.		
PTO 11/0	13					A. Marie Co.	

PTO LIVIN OURSE LIMB

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND	DEP.		DEP.		
51			-	DDA.	IND.	DEP.
52				 	1	
53						
54	_				1	
55					1	
56	-				1	
57	-					
58	╂		-			
59 60	┪	 -	 			
61	┨──	 				
62	 	 	 			
63	┪					
64.	1-		 			
65		 	 			
66	1		1			
67	1		1			
68			 			
69	1		1			
70						
71						
72						
73						
74						
75						
76	 	<u> </u>				
77						
78	 	 				
79	├ ──	 				
80 81						
82	 -	┪━━━	 			
83	 	}				
84	 	 				
85	 	 	 			
86	1	 \	 			
87		 		<u> </u>		
88		 	 -			
89						
90					-	
91						
92						
93						
94						
95						
96						
97		 	<u> </u>			
98 99	 -	 	├ ──-			
100		 				
	 	 	-			
TOTAL END.		4-1		每		\$
TOTAL DEP		40		₹ ¤		♦=
TOTAL CLADAS			ims		9	
			TMENT of COS			

BEST AVAILABLE COPY